

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040350

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10497

20497

3

4 0

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95277

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12 90-0

13 30

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

FILED NOV 7 1963

Primary Registration District No.

3028

Registrar's No.

215

1. PLACE OF DEATH

a. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CARTHAGE

Length of stay in 1b
65 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 108 S. FULTON STREET

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER

c. CITY OR TOWN CARTHAGE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
108 S. FULTON STREET

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
WILLIAM JAMES HOCKETT

4. DATE OF DEATH
Month Day Year
OCTOBER 18, 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-29-1889

9. AGE (last birthday)
74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
AUTO PAINT & BODY SHOP

10b. KIND OF BUSINESS OR INDUSTRY
AUTO PAINTING

11. BIRTHPLACE (City and state or country)
KIRWIN, KANSAS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

THEODORE HOCKETT

13b. MOTHER'S MAIDEN NAME

MARY HAMILTON

14. NAME OF HUSBAND OR WIFE

MAY STAFFORD HOCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES (DURING PEACE, 1912)

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
MRS. MAY HOCKETT, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, bronchial

INTERVAL BETWEEN ONSET AND DEATH

2 wks

DUE TO (b)

Emphysema, pulmonary

5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1956 to Oct 18, 1963 and last saw him alive on Oct 18, 1963
Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George H Wood (Degree or title)

22b. ADDRESS
M.D. 1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED
10-21-63

23a. BURIAL, CREMATION REMOVAL (Specify)
BURIAL

23b. DATE
10/22/63

23c. NAME OF CEMETERY OR CREMATORY
PARK CEMETERY

23d. LOCATION (City, town, or county)
CARTHAGE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

10-21-63

26. REGISTRAR'S SIGNATURE

Elly Clinton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Malvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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7840

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